



BOB RILEY  
GOVERNOR

STATE OF ALABAMA  
**DEPARTMENT OF MENTAL HEALTH  
AND MENTAL RETARDATION**

RSA UNION BUILDING  
100 N. UNION STREET  
POST OFFICE BOX 301410  
MONTGOMERY, ALABAMA 36130-1410



JOHN M. HOUSTON  
COMMISSIONER

June 6, 2008

Dear Vendor:

The AL Department of Mental Health and Mental Retardation (DMH/MR) is requesting proposals for **Substance Abuse Community Certification Survey services until all positions are filled.** Submission of proposals does not guarantee an award of a contract. Any contract resulting from this proposal is not effective until it has received all requisite government approval, and Contractor shall not begin performing work under contract until notified to do so by the contracting Facility. Contractor shall not be entitled to compensation for work performed prior to the effective date of contract.

A standard departmental contract will be required.

**A copy of the State of Alabama Vendor Application is available (click on "Vendor Application") on the department's website.** A Vendor application is attached, if the application is mailed to prospective vendors. **All vendors wishing to contract with the state of Alabama must fill out this registration every three (3) years and return it immediately to State Purchasing. Only vendors who are registered with State Purchasing may receive state contracts. Go to [www.purchasing.state.al.us](http://www.purchasing.state.al.us) for appropriate class-subclass codes.**

**If you /your company desire to offer a contract proposal, the following steps must be completed in their entirety:**

1. Read the entire contract proposal document.
2. Proposal must be submitted in the format requested.
3. Proposals must be in ink or typed (pencil is unacceptable) and contain original signature.
4. **Return proposal to:**
5. Catheryn B. Townsend, Director  
Contracts Office  
AL Department of Mental Health and Mental Retardation  
100 North Union Street, Suite 586  
Montgomery, AL 36104  
*Proposals may be returned via Regular Mail or Express/Overnight Mail.*

Sincerely,

Catheryn B. Townsend, Director  
Contracts Office

## **Request for Proposal (RFP)**

**Organization:** Alabama Department of Mental Health and Mental Retardation

**Apply by:** **Until all positions are filled**

**Contact Information:** **Ruthie Bonds**  
Contracts Office  
Alabama DMH/MR  
RSA Union Building  
100 North Union Street, Suite 586  
Montgomery, AL 36104  
Telephone Number (334) 353-7440  
Fax Number (334) 353-7090

The Alabama Department of Mental Health and Mental Retardation (DMH/MR) is seeking qualified firm/individuals to provide Substance Abuse Community Program Certification Surveys in the State of Alabama. Contract positions, pursuant to this RFP are currently available statewide.

### **BACKGROUND:**

The Alabama Department of Mental Health and Mental Retardation (DMH/MR) was created by Alabama Acts 1965, Act 881, as codified in the Code of Alabama, 1975, Sections 22-50-1 through 22-50-90. Pursuant to these provisions, the DMH/MR has the authority to establish standards for all operations and activities of the State related to the provision of services to persons with mental illness, mental retardation, and/or substance abuse.

It is under this statutory authority that the DMH/MR requires compliance with its Community Program Certification Standards by entities that hold themselves out as providers of substance abuse prevention and treatment services in the State of Alabama. At present, programmatic compliance with the published standards of care is monitored through on-site surveys conducted by employees of DMH/MR's Substance Abuse Services Division (SASD). Fifty to sixty site visits, lasting two to four days each, are scheduled and conducted annually.

Through this RFP, SASD is seeking several independent contractors to conduct certification compliance surveys at community based substance abuse treatment and prevention programs. These contractors will apply the DMH/MR certification standards to observed and written program policies, procedures, and practices at assigned programs throughout the State, and develop formal reports of survey findings. Contractors will also be required to participate in continuing education activities and surveyor meetings as requested by DMH/MR.

### **REQUIRED QUALIFICATIONS:**

1. A minimum of a Master's Degree in a behavioral health related discipline;
2. A minimum of five years work experience in a behavioral health related field, three of which must be in, or directly associated with, substance abuse prevention and/or treatment, and two of which must be in program administration and/or management;
3. Current professional licensure and/or certification that is relative to the individual's graduate and/or post graduate degree(s);

4. No history of adverse action(s) relative to current or previous professional license or certification, provided such adverse action did not result solely from an individual's health status;
5. Active participation in behavioral health continuing education programs;
6. Contemporary knowledge of substance abuse disorders and evidence-based prevention and treatment strategies;
7. Knowledge of federal and state laws, rules, regulations, and procedures pertaining to substance abuse prevention and treatment services, including confidentiality, privacy, and other client rights issues;
8. Knowledge of certification, licensing, and accreditation standards, and their application to substance abuse prevention and treatment services;
9. Considerable knowledge of the principles and practices of substance abuse treatment and/or prevention service delivery documentation;
10. Ability to express ideas clearly, both orally and in writing;
11. Ability to keep accurate records and develop survey reports;
12. Ability to work independently and manage time efficiently in performance of the scope of work;
13. Ability to use a personal computer, MS Office Software, and the internet;
14. Ability to establish and maintain effective and harmonious working relationships;
15. Ability to complete at least three surveys per year;
16. Ability to participate in required initial and periodic surveyor continuing education activities and meetings;
17. Ability to travel 100% of work time;
18. Must have reliable personal transportation and related insurance;
19. Must not be currently employed by or be associated in any professional capacity with any agency currently certified by DMH/MR.

#### **SCOPE OF WORK:**

1. Travel to and conduct certification site visits at assigned community agencies at assigned dates and times;
2. Review each assigned agency's policies, procedures, practices, and related documentation as applicable to the DMH/MR certification standards;
3. Interview program staff, board, and clients as applicable to the DMH/MR certification standards;
4. Identify and document all instances of an agency's compliance or noncompliance with DMH/MR's certification standards;
5. Provide immediate (during site visit) programmatic technical assistance and consultation that supports improvement in the quality of service delivery and enhancement of the outcome of care;
6. Develop detailed reports of programmatic findings in relationship to DMH/MR's certification standards;
7. Submit reports of survey findings and recommendations to SASD, in the format and within the timeframe specified;
8. Attend all required continuing education activities and meetings as requested by SASD.
9. Maintain and submit time and expenditure reports in the format specified by SASD.

#### **SERVICE REIMBURSEMENT:**

Surveyors will be reimbursed at hourly rates, or subpart thereof, for actual time spent in activities related to program certification reviews. The maximum days authorized for each survey will be established by SASD and made known to each surveyor prior to the start of each review.

Surveyors will be reimbursed as specified below for the following activities:

**A. Preparation for certification site reviews, including:**

1. Contacting the community agency's CEO or other designated individual for survey date confirmation and logistics;
2. Review of the scheduled agency's program description(s);
3. Printing, copying, faxing, and/or emailing relevant documents;
4. Collaborating with other reviewers scheduled for the same site;
5. Other activities as approved by SASD.

**REIMBURSEMENT MAY BE REQUESTED FOR A MAXIMUM OF TWO (2) HOURS PER SURVEY FOR ACTIVITIES SPECIFIED IN PARAGRAPH "A".**

**B. Conducting the survey, including:**

1. Conducting a survey entrance interview and/or conference with agency designated individuals;
2. Reviewing documentation of compliance with DMH/MR standards;
3. Scoring and making notes of programmatic findings;
4. Meeting with program staff, clients, and/or advocates;
5. Conducting a survey exit interview and/or conference;
6. Collaborating with co-reviewers relative to programmatic findings;
7. Communicating with DMH/MR staff relative to on-site findings and/or other relevant issues;
8. Other activities as approved by SASD.

**REIMBURSEMENT MAY BE REQUESTED FOR A MAXIMUM OF EIGHT (8) HOURS PER SURVEY DAY FOR ACTIVITIES SPECIFIED IN PARAGRAPH "B".**

**C. Preparation and submission of the survey report, including:**

1. Completion of all SASD forms for the specified survey assignment;
2. Completion of narrative survey summary that includes findings and quality assurance recommendations;
3. Collaborating with co-reviewers relative to programmatic findings and quality assurance recommendations;
4. Communicating with DMH/MR staff relative to on-site findings and/or other relevant issues;
5. Submission of all SASD required documents to survey team leader, as appropriate;
6. Submission of all SASD required documentation to the SASD Office of Certification, as appropriate;
7. Other activities as approved by SASD.

**REIMBURSEMENT MAY BE REQUESTED FOR A MAXIMUM OF TWO (2) HOURS FOR COMPLETION AND SUBMISSION OF A SURVEY REPORT FOR EACH RESPECTIVE TREATMENT PROGRAM, PREVENTION PROGRAM,**

**AND/OR METHADONE PROGRAM ASSIGNED FOR REVIEW, AS ACCORDING TO PARAGRAPH “C”. PAYMENT WILL BE REMITTED UPON ACCEPTANCE AND APPROVAL OF THE REPORT BY DMH/MR.**

- D.** The surveyor assigned as team leader of a survey conducted by two or more surveyors, for provider agencies with multiple programs and/or sites will be responsible for compilation of all documentation from co-reviewers into a single treatment, prevention, and/or methadone program report for submission to SASD.

**IN ADDITION TO REIMBURSEMENT FOR ACTIVITIES COMPLETED AS ACCORDING TO PARAGRAPH “C”, SURVEY TEAM LEADERS MAY REQUEST A MAXIMUM OF EIGHT (8) HOURS FOR COMPLETION AND SUBMISSION OF A COMPILED SURVEY REPORT TO DMH/MR. PAYMENT WILL BE REMITTED UPON ACCEPTANCE AND APPROVAL OF THE REPORT BY DMH/MR.**

- E.** Surveyors will also be reimbursed at hourly rates for each hour of attendance at each SASD required meeting, continuing education activity and training. Travel to and from the surveyor's home to DMH/MR in Montgomery, or other specified site, for meetings and training will be reimbursed in the same manner as for travel to conduct certification surveys.

Travel to and from the surveyor's home base to survey site, including travel between sites for agencies with multiple locations, and to and from hotels and restaurants, as appropriate, will be reimbursed at Alabama's current standard rate of mileage reimbursement. DMH/MR will not reimburse contractors for meals and/or lodging expenses.

**PROPOSAL FORMAT:**

Proposals to provide services described in the Scope of Work shall be submitted in the following format:

1. A cover letter summarizing your proposal. Limit the cover letter to no more than one page.
2. A completed applicant information sheet (attached to this RFP). Please limit responses to the space provided on the information sheet. **Do not include additional pages.**
3. A copy of your resume or professional vitae.
4. A copy of your current professional license or certification.
5. A copy of your college transcript that documents your graduate training.
6. A list of continuing education activities in which you have participated during the last 24 months.

One original and **three copies** of your proposal must be received at the following address **until all positions are filled**:

Catheryn B. Townsend, Director  
Contracts Office  
AL DMH/MR  
RSA Union Building  
100 North Union Street, Suite 586  
Montgomery, AL 36104

Proposals must be clearly marked **SASD Program Certification Survey Services for Department of Mental Health and Mental Retardation.**

The DMH/MR assumes no responsibility for expenses incurred in the preparation of the proposal. The DMH/MR reserves the right to reject any and all proposals. Additionally, the DMH/MR reserves the right to waive irregularities in any proposals and request clarification of any information, and negotiate with the firm/individual submitting the best proposal to secure more favorable conditions.

#### **EVALUATION AND SELECTION PROCESS:**

Each proposal must represent an applicant who has a minimum of a Master's Degree, current relevant licensure and/or certification, and at least five years of experience, as specified in this RFP, in order to be considered in the selection process.

The DMH/MR will review each eligible proposal and, if selections are made, each will be made in accordance with the general criteria given below. Failure of the applicant to provide information required in the RFP may result in disqualification of the proposal. The DMH/MR may elect to conduct interviews with applicants having the highest scoring proposals.

A comparative scoring process will be used to determine the degree to which each proposal meets the following general evaluation criteria, with a maximum of 120 points possible:

##### **A. Location/Employment (WEIGHT: 10 points)**

1. The proposal indicates that the applicant's home base is located in an area of the state, which would allow for efficient contractor scheduling relative to the location of program sites.
2. The applicant is not currently employed by a DMH/MR certified agency.

##### **B. Credentials (WEIGHT: 20 points)**

1. The proposal demonstrates that the contractor's credentials are relevant to the scope of work.
2. The proposal demonstrates that the applicant has contemporary knowledge of substance abuse treatment and/or prevention strategies, programming, policies, and procedures.
3. The applicant has been actively involved in continuing education activities during the last 24 months.
4. The applicant does not have a history of adverse action(s) relative to current or previous professional licensure or certification.

##### **C. Experience (WEIGHT: 30 points)**

1. The proposal demonstrates that the applicant's work experience is relevant to the scope of services needed by DMH/MR.
2. The proposal indicates that the applicant has direct work experience performing certification, accreditation, and/or licensure surveys.
3. The proposal indicates that the applicant has a minimum of five years work experience, three of which are in substance abuse prevention and/or treatment and two of which are in program administration and/or management.

##### **D. Availability/Flexibility (WEIGHT: 20 points)**

1. The proposal indicates that the applicant has the ability to travel, as needed by DMH/MR, to perform the required services.
2. The proposal indicates that the applicant can conduct at least three surveys per year.

3. The proposal indicates that the applicant has reliable transportation and insurance.

**E. References (WEIGHT: 20 points)**

1. The applicant's references could be contacted and were willing to provide information on the applicant's qualifications, professionalism, skills, and abilities.
2. The applicant's references present a favorable impression of the applicant's qualifications, skills, and abilities.
3. The applicant's references present a favorable impression of the applicant's professionalism and ethical standards.

**F. Understanding and Responsiveness to the RFP (WEIGHT: 20 points)**

1. The proposal contains all of the elements required by the RFP.
2. The proposal conforms to the order and format prescribed by the RFP.
3. The proposal provides sufficient information to allow for an adequate assessment of the applicants qualifications and experience.

**Substance Abuse Community Program Certification Survey RFP**

**APPLICANT DATA SHEET**

(Please print or type all responses)

<b>A. LOCATION/EMPLOYMENT</b>	
Name:	
Home Address:	
City:	State and Zip Code:
Day Phone:	Evening Phone:
Email Address:	
Present Job Title:	
Present Employer:	
Employer's Street Address:	
City:	State and Zip Code:
Are you currently employed in a DMH/MR certified agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>B. CREDENTIALS</b>																																																																																
<b>Highest Level of Education:</b> <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> MD <input type="checkbox"/> Other ( <i>identify</i> ):																																																																																
<b>Please provide the following information in regard to your current licensure or certification:</b>																																																																																
<table border="1"> <thead> <tr> <th><i>Credential</i></th> <th><i>National</i></th> <th><i>State</i></th> <th><i>License/ Certification #</i></th> <th><i>Expiration Date</i></th> </tr> </thead> <tbody> <tr><td>Addictions Counselor</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Licensed Professional Counselor</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Prevention Specialist</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Psychologist</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Family Therapist</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Psychologist</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Social Worker</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Rehabilitation Counselor</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Physician</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Registered Nurse</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Licensed Practical Nurse</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Other (<i>specify</i>):</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Other (<i>specify</i>):</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Other (<i>specify</i>):</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Other (<i>specify</i>):</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td></td><td></td></tr> </tbody> </table>	<i>Credential</i>	<i>National</i>	<i>State</i>	<i>License/ Certification #</i>	<i>Expiration Date</i>	Addictions Counselor	<input type="checkbox"/>	<input type="checkbox"/>			Licensed Professional Counselor	<input type="checkbox"/>	<input type="checkbox"/>			Prevention Specialist	<input type="checkbox"/>	<input type="checkbox"/>			Psychologist	<input type="checkbox"/>	<input type="checkbox"/>			Family Therapist	<input type="checkbox"/>	<input type="checkbox"/>			Psychologist	<input type="checkbox"/>	<input type="checkbox"/>			Social Worker	<input type="checkbox"/>	<input type="checkbox"/>			Rehabilitation Counselor	<input type="checkbox"/>	<input type="checkbox"/>			Physician	<input type="checkbox"/>	<input type="checkbox"/>			Registered Nurse	<input type="checkbox"/>	<input type="checkbox"/>			Licensed Practical Nurse	<input type="checkbox"/>	<input type="checkbox"/>			Other ( <i>specify</i> ):	<input type="checkbox"/>	<input type="checkbox"/>			Other ( <i>specify</i> ):	<input type="checkbox"/>	<input type="checkbox"/>			Other ( <i>specify</i> ):	<input type="checkbox"/>	<input type="checkbox"/>			Other ( <i>specify</i> ):	<input type="checkbox"/>	<input type="checkbox"/>		
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Please provide details of any adverse action(s) that have been taken specific to your current or any previous professional licensure and/or certification:

C. EXPERIENCE						
Please identify at least 5 years direct service, administration, and other work experience in a behavioral health related field, along with your employer for each work experience identified:						
Discipline and Employer	Direct Services		Administration		Other	
	Dates		Dates		Dates	
	From	To	From	To	From	To
<b>Substance Abuse Treatment</b>						
<i>Employer:</i>						
<i>City/State:</i>						
<i>Employer:</i>						
<i>City/State:</i>						
<i>Employer:</i>						
<i>City/State:</i>						
<b>Substance Abuse Prevention</b>						
<i>Employer:</i>						
<i>City/State:</i>						
<i>Employer:</i>						
<i>City/State:</i>						
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<i>City/State:</i>						
<b>Mental Illness Treatment</b>						
<i>Employer:</i>						
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<i>Employer:</i>						
<i>City/State:</i>						
<b>Developmental Disabilities Services</b>						
<i>Employer:</i>						
<i>City/State:</i>						
<i>Employer:</i>						
<i>City/State:</i>						
<i>Employer:</i>						
<i>City/State:</i>						

<b>Family Services</b>						
<i>Employer:</i>						
<i>City/State:</i>						
<i>Employer:</i>						
<i>City/State:</i>						
<i>Employer:</i>						
<i>City/State:</i>						
<b>Child/Adolescent Services</b>						
<i>Employer:</i>						
<i>City/State:</i>						
<i>Employer:</i>						
<i>City/State:</i>						
<i>Employer:</i>						
<i>City/State:</i>						
<b>Educational Services</b>						
<i>Employer:</i>						
<i>City/State:</i>						
<i>Employer:</i>						
<i>City/State:</i>						
<i>Employer:</i>						
<i>City/State:</i>						
<b>Rehabilitation Services</b>						
<i>Employer:</i>						
<i>City/State:</i>						
<i>Employer:</i>						
<i>City/State:</i>						
<i>Employer:</i>						
<i>City/State:</i>						
<b>Other (specify):</b>						
<i>Employer:</i>						
<i>City/State:</i>						

Describe all work experience categorized as "other" above:

Describe all direct work experience that is relative to DMH/MR 's substance abuse prevention and treatment certification standards and/or any other certification, licensure, or accreditation standards:

Briefly summarize how your training, skills, and experience qualify you to perform the "Scope of Work" listed in the RFP (*Please be specific, referencing the "Required Qualifications" listed in the RFP to your unique training, skills, experiences, etc. In addition, please review the proposal evaluation criteria:*

#### D. AVAILABILITY

Specify the maximum number of hours you are available to work each week:

How many surveys can you perform each month?

Are you available to do surveys throughout the State, without restrictions? ☐ Yes ☐ No: If "no", please describe all travel boundaries and/or any other travel and availability restrictions related to conducting surveys: \_\_\_\_\_

Are you available to travel to Montgomery for surveyor meetings and continuing education as

requested by DMH/MR, without restriction? ☐ Yes ☐ No: If "no", please describe travel and availability restrictions related to travel to Montgomery for meetings and training:

E. REFERENCES:

<b>List four (4) references of whom we may inquire in regard to your qualifications, skills, abilities, and professionalism to perform the services requested in the RFP. One (1) reference <u>must be</u> your current or most recent employer:</b>
Name:
Address:
Telephone:
Relationship and Number of Years Acquainted:
Name:
Address:
Telephone:
Relationship and Number of Years Acquainted:
Name:
Address:
Telephone:
Relationship and Number of Years Acquainted:
Name:
Address:
Telephone:
Relationship and Number of Years Acquainted:

I authorize the references listed above to release any and all information they may have concerning my qualifications, skills, abilities, and professionalism to the DMH/MR. Furthermore, I release all persons from all liability and damages that may result from furnishing that information to DMH/MR.

I certify that all information submitted by me in response to the DMH/MR RFP is true and complete to the best of my knowledge. I understand that any false information, omissions, or misrepresentations of facts presented in my response to the DMH/MR RFP may be cause for rejection of my proposal for consideration to provide the requested services.

---

Printed Name

Applicant's Signature

Date

